

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ JUL 09 2014 ★

LONG ISLAND OFFICE

CV - 14 4203

ARISTOBULO QUIEDO.

39 GREEN TREE RD.

MINEOLA, N.Y. 11501

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

COMPLAINT

Jury Trial: ☒ Yes ☐ No

NEW YORK CITY.

TAXI LIMOUSINE COMMISSION

OATH-T.L.C. TRIBUNAL.

32-02-QUEENS BLVD 3RD FLOOR.

L.I.C. N.Y. 11101

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

BIANCO, J.

TOMLINSON, M

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff:

Name ARISTOBULO QUIEDO

Street Address 39 GREEN TREE RD.

County, City NASSAU, MINEOLA.

State & Zip Code N.Y. 11501.

Telephone Number 516-426-0518

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name TAXI-LIMOUSINE COMMISSION
 Street Address 32-02 QUEENS BOULEVARD. 3ND FLOOR
 County, City N.Y. N.Y. 11101
 State & Zip Code N.Y. 11101
 Telephone Number _____

Defendant No. 2 Name CITY OF N.Y.
 Street Address N/A
 County, City N.Y. N.Y.
 State & Zip Code N.Y.
 Telephone Number N/A

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? ETHNICITY

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? OATH TAXI
LIMOUSINE-COMMISSION TRIBUNAL 32-02. QUEENT. BLVD.
N.Y 11101,
- B. What date and approximate time did the events giving rise to your claim(s) occur? 5/31/2012
TIME UNKNOWN.

C. Facts: I WAS ACCUSED OF A VIOLATION. REFUSING
TO TRANSPORT A PASSENGER IN MY TAXI. IN THE
TRIAL OR HEARING. I PROVE WITH THE GPS GLOBAL
POSITION SYSTEM THAT MY CAB TAXI WAS NOT IN
SUCH A PLACE AT THAT TIME. THE OATH FOUND ME
GUILTY ANYWAY. SO I APPEAL. THE GUILTY DECISION.
AND REQUESTED A AUDIO RECORDING OF THE TRIAL
SO THE OATH SENDED ME A AUDIO CD. OF THE
TRIAL. USING THIS WORDS. (WHAT THIS NIGGA
WANT.) (IS THIS NIGGA SICK OR HIGHT?) I FIND THIS
WORDS. VERY OFFENSIVE AND THE WORST. DEGRADING
INSULT.

What
happened
to you?

Who did
what?

Was anyone
else
involved?

Who else
saw what
happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

NO PHYSICAL - BUT. YES
VERY PAINFUL. MORALLY.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. I WANT THE COURT TO

EVALUATE THE MEANING THAT IT CAUSE-MORALLY
TO A HUMAN SINCE IT PUT THE PERSON TO WHOM
IT WAS ADDRESSED IN THE LOWEST LEVEL OF
DIGNITY ACCORDING TO THE VIEW & INTENTION OF THE
ADDRESSER

I declare under penalty of perjury that the foregoing is true and correct.

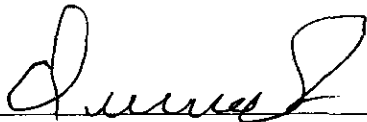
Signed this 4 day of JUNE, 2014

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)



39 GREENTREE RD.
MINEOLA N.Y 11501

516-426-0518

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.